M09000009965

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: L. SELLERS AUG 2 0 2009		
EXAMINER		

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Optimum Business Solutions LLC Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kathy Lewis		
Name of Person		
DBA: Attorney Finance Services		
Firm/Company		
28870 US Highway 19 N Suite 206		
Address		
Cleanuator El 22764		
Clearwater FL 33761 City/State and Zip Code		
•		
kathy@wdrinc.org E-mail address: (to be used for future annual re	eport notification)	
2 man address. (to be used for future aimidal report notification)		
For further information concerning this matter, please call:		
Kathy Lewis at (866)	565-8545	
Name of Person Area Cod	le and Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:	00 Filing Fee &\$60 Filing Fee, 11 Copy Certificate of Status & Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1 - 44

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Attorney Finance Services LLC		
2. This entity was formed under the laws of	f: Nevada	
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida onAugust 3, 2009 er isM0900002995	
4. The name and address of each manager or managing member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Kathleen Lewis	
	3300 Cove Cay Drive #7B	
	Clearwater FL 33760	
		
	T AS 0 9	
2		
/		
D 5:	SSE SSE	
Signature of manager,	Managing Weinber of Member	
Signature of Manager, Managing Member or Member Filing Fee: \$25		

FILED